


Received 7/8/14 Reviewed 8/1/14

	State of North Carolina	LAND CLEARING & INERT DEBRIS
	Department of Environment and Natural Resources	LANDFILL
	Division of Waste Management	Facility Annual Report
		For the period of July 1, 2013-June 30, 2014

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Cossie Doggett Demo Landfill Permit: 41J-LCID

Physical Address		Mailing Address	
Street 1: <u>2124 Scalesville Road</u>		Street 1: <u>2124 Scalesville Road</u>	
Street 2: _____		Street 2: _____	
City: <u>Summerfield</u>	County: <u>Guilford</u>	City: <u>Summerfield</u>	
State: <u>North Carolina</u>	Zip: <u>27358</u>	State: <u>North Carolina</u>	Zip: <u>27358</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Mark Doggett, Gary Swing</u>		Name: <u>Mark Doggett, Gary Swing</u>	
Phone: <u>336-643-4103</u> Fax: <u>336-643-7358</u>		Phone: <u>336-643-4103</u> Fax: <u>336-643-7358</u>	
Email: <u>dcc4103@bellsouth.net</u>		Email: <u>dcc4103@bellsouth.net</u>	

1. Tipping Fee: \$ 50.00 per tandem
 Tipping Fee: \$ 55.00 per tri axle
 Tipping Fee: \$ 70.00 per tractor trailer

2. Estimate the amount of waste taken in an average week at this facility? 240 ☐ tons ☒ cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? 7:00 a.m. to 5:00 p.m.

5. What is the acreage of the footprint of the waste on site as of June 30? 9.7 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: _____

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Hugh Jernigan

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:  Date: July 17, 2014

Name: Gary L. Swing Title: Vice president

Phone Number: 336-643-4103 Email: dcc4103@bellsouth.net

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Cossie Doggett Demo Landfill Permit: 41J-LCID
Address: 2124 Scalesville Road
City: Summerfield State: North Carolina Zip: 27358
Person completing Assessment: Gary Swing Date: July 17, 2014
Phone Number: 336-643-4103 Fax: 336-643-7358 Email: dcc4103@bellsouth.net

Instructions: Please indicate either *Yes* or *No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
If Yes, how many? 1
What are the three closest distances from the *Edge of Waste*? 900 Feet 1800 Feet 1800 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No
If Yes, how many? 1
What are the three closest distances from the *Edge of Waste*? 900 Feet 1800 Feet 1800 Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? N/A
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? N/A
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
Please list the names of the water bodies: _____
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☒ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☒ No
If Yes, what is the specific remedial technology used? _____

Comments